

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

MARIA BELBIS, QUINTORIA DUNMARS, )  
VICTOR L. POLK, HATTIE BAUGH, OLIVIA )  
DORITY, PAMELA WEST and RUBY MADRY )  
TOLLIVER, individually and on behalf of a Rule 23 Class )  
of "CN-1 and CN-2 Nurse" and "LPN-1 and LPN-2 )  
Nurse employees, similarly situated, and MARIA )  
BELBIS, QUINTORIA DUNMARS, VICTOR L. )  
POLK, HATTIE BAUGH, OLIVIA DORITY, )  
PAMELA WEST, RUBY MADRY TOLLIVER, )  
MARTIA BROWN, LISA LOCKE, )  
CYNTHIA MALOTT, BABS CUSIC, ANNIS )  
K. FISCHER, LILLIE HENDERSON, ELIZABETH )  
JEFFERSON, MANUAEL P. MANALASTAS, )  
LAVONIA C. NOBLE KING, MARYKUTTY MATHEW, )  
KATHY MCKINNEY, DEBRA MITCHELL, )  
PATRICIA MOORE, FELICIA OGBULI, )  
NIEVA M. PANES, SHARON PATTERSON, )  
CAROLYN PHILLIPS, BENCHAPORN SAMIPREM, )  
PHONGSUDA SANAKIJ, CECILIA TORRES, )  
JESTINE M. TURNBOUGH, JANISE WILLIAMS, )  
DIANE WILLIAMS, LINDA J. BROWN, LORRAINE )  
CHATMAN, DOROTHY CHILLIS, H. ANN )  
DRAPER, SHEILA GAY, JANIS HILL, CHERRI A. )  
MOORE, MAXIE THOMAS NWAUIKU, ADA )  
OGALI, TIMOTHY PATTERSON, KATHERINE )  
PEARSON, CLARICE PLOTT, SHARON SCHULTZ- )  
JANTOLAK, BERTHA E. SMITH, RUBY WILLIS, )  
LEONA CUNNINGHAM, BELEN FLORANTE, )  
JOYCE M. HARRIS, MATHA )  
JANTHAPAIBOONKAJON, VIVIAN JANTHAPAI- )  
BOONKAJON, MARIE KRIEGER, ROSITA G. )  
MARZO, SYLVIA L. THOMPSON, SHEILA VERNON, )  
MARIE AJUZIE, PATIENCE ALILIONWU, )  
CAROLYN C. DONLEY, DARLENE VANZANT FANIEL )  
VERLENE GRANT, SYBIL S. HOWELL, )  
ELIZABETH N. IBEKWE, MYRA JEFFRIES, )  
NADINE JOHNSON, SALLY A. JOHNSON, )  
ONDRA R. MCLEOD, CHARITY AGBONTAEN )  
NWARU, ALICE OGBONNA, KANDA )  
PUANGPRASERT, DEBRA TURNER, SAMETTA )  
ATHALONE, CHARA WATKINS, IMELDA M. )  
CUEVO, EVELYN O. FRANCA, TRICIA MOSLEY, )

FILED-EDA  
60 JUN 01 11:11 AM '04  
U.S. DISTRICT COURT

DOCKETED  
JUN 14 2004

JUDGE FILIP

04C 3940

MAGISTRATE JUDGE ASHMAN

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TONI M. CARRINGTON, ANGELA IKDEAME, )  
SHERRY TYLER, LINDA WALKER-MORRIS, )  
BARBARA J. JOHNSON, DELORES BROWN, )  
BESSIE BROWN-SIMS, ROBERTA BLACK )  
BURTON, THERESA CLAY, DENISE CLENNA, )  
AUGUSTINE ECHEGWO, SARAH GODBOLT, )  
PARELEE HOLMES, JACQUELINE JACK, )  
CORNELIA LISA MAYLOR, ROSE MCBRIDE, )  
DIANE MORRISON, MATTIE M. MOSS, DORTHY )  
NICHOLS, DORRIE R. SANDERS, MARY E. SMITH, )  
BARBARA TATE, ESSIE VERSE, )  
KATHLEEN WATSON, ROSETTA CRAIG, )  
LILLY MAE JOHNSON, NORA MITCHELL, )  
JENISE OLIVER-JONES, DEBBIE M. REED, )  
LORENE HELTON, JETUN LEWIS, )  
SABRENA CHRISTINE NALLS, VICKIE L. NEYLON, )  
RICHARD WOJTINOWICZ, MAMMIE CARTLEDGE, )  
LINDA M. HOUSTON MENTON, )  
MARGRET POOTHAKARY and ROSIE HEADY, )  
pursuant to 29 USC Section 216(b), on behalf of themselves )  
and all other Plaintiffs, similarly situated, known and unknown )

Plaintiffs, )

v. )

COUNTY OF COOK, )

Defendant )

JURY TRIAL DEMANDED

### COMPLAINT

NOW COME Plaintiffs, as designated above, on behalf of themselves and all other Plaintiffs similarly situated, known and unknown, by and through their attorneys, and for their Complaint against Defendant, COUNTY OF COOK, states as follows:

### **I. NATURE OF ACTION**

1. This action is brought under the Fair Labor Standards Act, 29 U.S.C. §201, *et seq.* (hereinafter referred to as “the FLSA”), the Portal-to-Portal Act, 29 U.S.C. §251, and the Illinois Wage Payment and Collection Act, 820 ILCS Section 115/1 *et seq.*

### **II. JURISDICTION AND VENUE**

2. Jurisdiction arises under the provisions of the Fair Labor Standards Act, 29 U.S.C. §§ 206, 207, the Portal-to-Portal Act, 29 U.S.C. §251 *et seq.*, and for the supplemental or pendent Illinois statutory claim, pursuant to 28 U.S.C. §1367. Venue lies in the Northern District of Illinois in that Plaintiffs are residents of this district and Defendant is engaged in business in this district.

### **III. PARTIES**

3. Defendant, **COUNTY OF COOK**, (hereinafter “Defendant”) is engaged in, among other things, the business of providing hospital and health services to the general public. As such, Defendant’s services qualify as an enterprise engaged in commerce as defined by the FLSA. Defendant operates a number of facilities at which it employs nurses who are known by the following designations: “CN-1”, “CN-2”, “LPN-1”, and “LPN-2”. The facilities at which Defendant employs the nurses represented herein are **Cermak Health Services, 2800 S. California, Chicago; Oak Forrest Hospital, 15900 S. Cicero Avenue, Oak Forrest; Provident Hospital, 500 E. 1<sup>st</sup> Street, Chicago; John H. Stroger, Jr., Hospital of Cook County, 1901 W. Harrison Street, Chicago; Fantus Clinic, 621 S. Winchester Ave., Chicago; and CORE Center, 2020 W. Harrington, Chicago, IL.**

4. Plaintiffs, (i.e., all Parties-Plaintiff who have executed consents attached hereto, hereinafter referred to as "the named Plaintiffs") and all other unnamed Plaintiffs of the class, known and unknown (hereinafter referred to as "members of the Plaintiff Class") are either present or past hourly "CN-1", "CN-2", "LPN-1", or "LPN-2" nurses who have been employed at one or more of Defendant's facilities named above. The Rule 23 Class Representatives, **MARIA BELBIS, HATTIE BAUGH, QUINTORIA DUNMARS, VICTOR L. POLK, OLIVIA DORITY, and RUBY MADRY TOLLIVER**, bring this action individually and on behalf of hourly "CN-1", "CN-2", "LPN-1", and "LPN-2" nurse employees, past and present, who are similarly situated. These same Plaintiffs, along with all other Plaintiffs named in the caption and who have executed proper consents to be parties-Plaintiffs, bring this action on behalf of themselves and all other Plaintiffs similarly situated, known and unknown, pursuant to 29 USC §216(b). As employees performing duties for an enterprise engaged in commerce, these employees too were engaged in commerce as defined by the FLSA.

#### **IV. CLASS ALLEGATIONS**

##### **Fair Labor Standards Act**

5. Pursuant to the Fair Labor Standards Act, 29 U.S.C. §216(b), Count I of this action is maintained by the named Plaintiffs as a collective opt-in representative action, for and on behalf of themselves and other CN-1, CN-2, LPN-1, LPN-2 nurses who have been or will in the future be damaged by Defendant's failure to comply with 29 U.S.C. §201 *et seq.* and §251 *et seq.* Count II alleges willfulness on the part of Defendant and asserts a three-year statute of limitations under the FLSA. Count III seeks liquidated damages under the FLSA, §260.

**Illinois Wage Payment and Collection Act**

6. Pursuant to the Illinois Wage Payment and Collection Act, 820 ILCS Section 115/1 *et seq.*, Count IV of this action is brought by the Plaintiff as an opt-out class action pursuant to Rule 23 of the Federal Rules of Civil Procedure, for and on behalf of all persons similarly situated. The class represented by the named Rule 23 representative Plaintiffs is all CN-1, CN-2, LPN-1, LPN-2 nurses who have been or will be damaged by Defendant's failure to comply with 820 ILCS §115/1 *et seq.*, on or after the date five (5) years prior to the filing of this action.

**V. FACTUAL ALLEGATIONS RELEVANT TO ALL COUNTS**

7. The named Plaintiffs and/or all similarly situated members of the Plaintiff Class worked at one or more of the facilities owned and operated by Defendant, as set forth in paragraph 3 above. The Plaintiffs worked as CN-1, CN-2, LPN-1, and LPN-2 nurses and were treated as hourly employees for purposes of payroll compensation.

8. At each and every facility noted, in their employment with Defendant Plaintiffs and members of the Plaintiff class were required to perform work duties for Defendant, which Defendant did not recognize as working time. Therefore the named Plaintiffs and other members of the Plaintiff Class were required to spend certain hours performing said work duties which were to the benefit of Defendant, but for which Defendant did not compensate Plaintiffs and members of the Plaintiff Class.

9. Plaintiffs were permitted, suffered or required to perform certain duties before their shift started, during their meal period, and were further required to perform certain duties after their shift ended. The duties performed by Plaintiffs and members of the Plaintiff Class were performed, and Defendant accepted the performance of the work because the duties were essential to the well being of the patients being cared for and treated at Defendant's facilities. Defendant did not recognize these hours as work hours and therefore has failed and refused to pay Plaintiffs and members of the Plaintiff Class for those hours.

10. Plaintiffs and members of the Plaintiff Class were routinely permitted, suffered or required to work through their meal periods, before and after their shifts, during their employment at Defendant's facilities listed above, and although still performing work on behalf of Defendant, said work hours were not recognized or compensated by Defendant.

11. In many instances, when the above described work hours are properly counted as work hours, Plaintiffs' and members of the Plaintiff Class overall hours exceeded forty (40) in a work week or, in the case of some Plaintiffs working pursuant to an agreement under 29 USC §207(j), eighty (80) hours in a two week work period, entitling Plaintiffs to a premium rate of time and one-half their regularly hourly rate for those unpaid hours.

### **COUNT I**

#### **VIOLATION OF FAIR LABOR STANDARDS ACT AND WILLFULNESS**

1-11. Paragraphs 1 through 11 are re-alleged and incorporated as though set forth fully herein as paragraphs 1 through 11 of this Count I.

12. Pursuant to Fair Labor Standards Act, 29 U.S.C. §201 *et seq.*, and the Portal-to-Portal Act 29 U.S.C. §251 *et seq.*, the named Plaintiffs, and all other Plaintiffs similarly situated, known and unknown, are entitled to compensation for all hours actually worked and are entitled to wages at a rate not less than one and one-half their regular rate of pay for all hours worked in excess of forty (40) hours in any week or, in the case of some Plaintiffs working pursuant to an agreement under 29 USC §207(j), eighty (80) hours in a two week work period, during the two (2) years preceding the filing of this action.

WHEREFORE, Plaintiffs, on behalf of themselves and all other Plaintiffs similarly situated, known and unknown, respectfully requests this Court to enter an order as follows:

- a) awarding back pay equal to the amount of all unpaid regular and overtime compensation for the two (2) years preceding the filing of this Complaint, according to the applicable statute of limitations;
- b) awarding Plaintiffs' reasonable attorneys' fees and costs incurred as a result of Defendant's violation of the Fair Labor Standards Act; and
- c) for such additional relief as the Court deems appropriate under the circumstances.

## **COUNT II**

### **WILLFUL VIOLATION OF FAIR LABOR STANDARDS ACT**

1-11. Paragraphs 1 through 11 are re-alleged and incorporated as though set forth fully herein as paragraphs 1 through 11 of this Count I.

12. Pursuant to Fair Labor Standards Act, 29 U.S.C. §201 *et seq.*, and the Portal-to-Portal Act 29 U.S.C. §251 *et seq.*, the named Plaintiffs, and all other Plaintiffs similarly situated, known and unknown, are entitled to compensation for all hours actually worked and are entitled to wages at a rate not less than one and one-half their regular rate of pay for all hours worked in excess of forty (40) hours in any week or, in the case of some Plaintiffs working pursuant to an agreement under 29 USC §207(j), eighty (80) hours in a workweek, during the two (2) years preceding the filing of this action.

13. Defendant's acts complained of herein were willful and intentional, in that Defendant knew or should of known that the pay practices described above violated the FLSA. In ***Belbis, et al v. County of Cook*** (No. 01 C 6119, Northern District of Illinois, Eastern Division, Honorable John W. Darrah), Defendant was previously sued for predominantly the same wage and hour violations complained of herein and Defendant had ample knowledge that its pay practices relative to meal and post/pre-shift compensation violated the statutes as cited herein. Therefore, Plaintiffs are entitled to wages at a rate not less than one and one-half their regular rate of pay for all hours worked in excess of forty (40) hours in any week during the three (3) years preceding the filing of this action.

14. Even in the absence of the previous knowledge possessed by Defendant as described above, Defendant's acts complained of herein were nevertheless willful and intentional, in that Defendants knew or should of known that the pay practices described above violated the FLSA and therefore, Plaintiffs are entitled to wages at a rate not less than one and



one-half their regular rate of pay for all hours worked in excess of forty (40) hours in any week or, in the case of some Plaintiffs working pursuant to an agreement under 29 USC §207(j), eighty (80) hours in a two week work period, during the three (3) years preceding the filing of this action.

WHEREFORE, Plaintiffs, on behalf of themselves and all other Plaintiffs similarly situated, known and unknown, respectfully requests this Court to enter an order as follows:

- a) finding Defendants actions as alleged herein to have been willful, and awarding compensation for three (3) years preceding the filing of this Complaint, according to the applicable statute of limitation;
- b) awarding Plaintiffs' reasonable attorneys' fees and costs incurred as a result of Defendants' violation of the Fair Labor Standards Act; and
- c) for such additional relief as the Court deems appropriate under the circumstances.

### **COUNT III**

#### **LIQUIDATED DAMAGES** **UNDER THE FAIR LABOR STANDARDS ACT**

1-11. Paragraphs 1 through 11 of Count I are re-alleged and incorporated as though set forth fully herein as Paragraphs 1 through 11 of Count II.

12. In denying Plaintiffs and members of the Plaintiff Class compensation for all hours actually worked and then, in turn, failing to pay those hours when applicable at a rate of one and one-half for hours worked over forty (40) in a workweek or, in the case of some Plaintiffs working pursuant to an agreement under 29 USC §207(j), eighty (80) hours in a two week work period, Defendant's acts were not based upon good faith or reasonable grounds.

13. The named Plaintiffs and all other past and present employees similarly situated, known and unknown, are entitled to liquidated damages equal to the amount of unpaid overtime compensation, pursuant to 29 U.S.C. §260.

WHEREFORE, Plaintiffs, on behalf of themselves and all other Plaintiffs similarly situated, known and unknown, respectfully request this Court to enter an order as follows:

- a) awarding liquidated damages equal to the amount of all unpaid overtime compensation;
- b) awarding Plaintiffs' reasonable attorneys' fees and costs incurred as a result of Defendants' violation of the Fair Labor Standards Act; and
- c) for such additional relief as the Court deems appropriate under the circumstances.

#### **COUNT IV**

#### **PENDANT OR SUPPLEMENTAL STATE LAW CLAIM VIOLATION OF THE ILLINOIS WAGE PAYMENT AND COLLECTION ACT**

1-11. Paragraphs 1 through 11 of Count I are re-alleged and incorporated as though set forth fully herein as Paragraphs 1 through 11 of this Count V.

12. The Illinois Wage Payment and Collection Act, §2, defines wages as “any compensation owed to an employee by an employer pursuant to an employment contract or agreement between the 2 parties, . . . .”. Payment to separated employees is termed “final compensation” and defined as “wages, salaries, earned commissions, earned bonuses . . . . and any other compensation owed the employee by the employer pursuant to an employment contract or agreement between the two parties”.

13. The Illinois Wage Payment and Collection Act, §4, provides that every employer shall pay “[A]ll wages earned by any employee during a semi-monthly or bi-weekly pay period shall be paid to such employee not later than 13 days after the end of the pay period in which such wages were earned”.

14. The Illinois Wage Payment and Collection Act, §5, provides that “[E]very employer shall pay the final compensation of separated employees in full, at the time of separation, if possible, but in no case later than the next regularly scheduled payday for such employee.”

15. Defendant’s acts as complained of herein and described above, namely the continuing refusal and failure to pay the earned overtime wages to Plaintiffs and the Plaintiff class, constitutes a violation of the Illinois Wage Payment and Collection Act.

WHEREFORE, Plaintiffs request this Court to enter an Order:

(a) declaring and decreeing Defendant’s compensation practices as described herein, and such other violations which may come to light during the prosecution of this matter, in violation of the provisions of the Illinois Wage Payment and Collection Act

(b) awarding an amount of damages, to be shown by the evidence, to which Plaintiffs and other members of the Plaintiff Class are entitled.

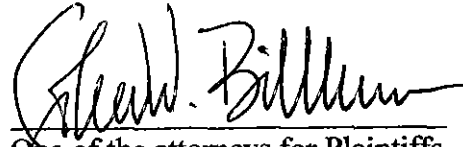
(c) awarding the statutory punitive damages to Plaintiffs and members of the Plaintiff Class, equal to 2% of the amount of unpaid overtime for each month following the date of the payment during which underpayments remain unpaid;

Plaintiff further requests that:

(d) this Court retain jurisdiction of the case until such time as it is assured that Defendant has remedied the compensation policies and practices complained of herein and is determined to be in full compliance with the law.

(e) this Court order Defendant to pay to Plaintiffs' reasonable attorneys' fees, costs, and litigation expenses, as provided by statute.(g) this Court award whatever additional relief it deems just and appropriate under the circumstances.

Respectfully submitted,

  
One of the attorneys for Plaintiffs

Roy R. Brandys ( 06278922)  
Christopher N. Mammel (06231492)  
George K. Lang (6211537)  
CHILDRESS & ZDEB, LTD.  
515 N. State Street, Suite 2200  
Chicago, IL. 60610  
(312) 494-0200

John W. Billhorn (6196946)  
BILLHORN LAW FIRM  
515 N. State Street  
Suite 2200  
Chicago, IL 60610  
(312) 464-1450

**CONSENT FORM**

I, (printed name) MARIA BEUBIS R.N., am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Maria Belbis  
Signature

5/27/04  
Date

Clinical nurse I  
Position

John Stroger Hospital of  
Hospital/Clinic Name Cook  
County

**CONSENT FORM**

I, (printed name) Quintoria Dunmars, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Quintoria Dunmars  
Signature

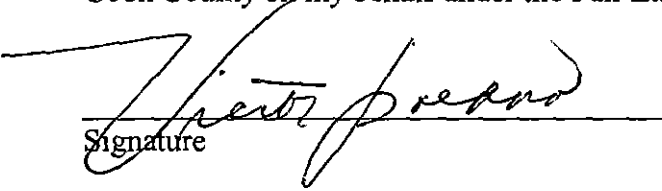
11/22/03  
Date

CNI - Staff RN  
Position

Provident Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) VICTOR L. POLK, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

12/10/03  
Date

RN  
Position

Cermak  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Hattie M. Baugh, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Hattie M. Baugh  
Signature

Lic. Pract. Nurse  
Position

Aug. 28, 2003  
Date

Ambulatory Screening Clinic  
Jantus Clinic C.C.H.  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Olivia Dority, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Olivia Dority  
Signature

8-18-03  
Date

L.P.N.  
Position

(Fantus)  
COOK COUNTY HOSPITAL  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Pamela West, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Pamela West  
Signature

10-28-03  
Date

C N II  
Position

Provident hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Ruby Madey Tolliver, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Ruby Madey Tolliver  
Signature

SPN3  
Position

August 22, 2003  
Date

Stroger Spec  
Cook County Hospital  
Hospital/Clinic Name  
Fontes

**CONSENT FORM**

I, (printed name) MARTIA A. BROWN, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Martia Brown  
Signature

2/24/04  
Date

CWI  
Position

Provident Cook County Hosp  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) LISA M Locke, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Lisa M Locke  
Signature

3/6/04  
Date

LPN  
Position

Cermak Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Malott Cynthia, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Cynthia M. Malott  
Signature

ANT  
Position

3/15/04  
Date

Oak Forest Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Babs Cusick, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Babs Cusick  
Signature

2/21/04  
Date

LPN/II  
Position

CERMAN HEALTH SERVICES  
Hospital/Clinic Name OF COOK COUNTY

## CONSENT FORM

I, (printed name) Annis Fisher, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Signature Amos Fisher

7-20-04

CN II

---

**Hospital/Clinic Name**



**CONSENT FORM**

I, (printed name) LILLIE HENDERSON, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Lillie Henderson  
Signature

2-28-04  
Date

Licensed Practical Nurse II  
Position

Oak Forest Hosp.  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) ELIZABETH JEFFERSON, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Elizabeth Jefferson  
Signature

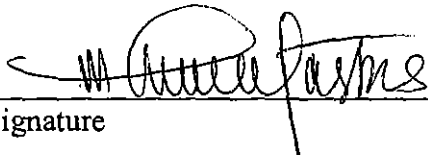
2/23/04  
Date

LPN II  
Position

CERMAK HEALTH SERVICES  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) MANUEL P. MANALASTAS, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

12/10/03  
Date

CNT  
Position

GERMAN HEALTH SERVICES  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Latoria C. Noble King, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Latoria C. Noble King  
Signature

3/10/04  
Date

Licensed Practical Nurse II  
Position

Provident of Cook County  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) MARY KUTTY MATHEW, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Mary Kutty Mathew  
Signature

8/20/03  
Date

LPN II  
Position

FANTUS/ASC.  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Kathy A. McKinney, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Kathy A. McKinney  
Signature

4/27/04  
Date

CNI Nursing  
Position

Oak Forest Hosp  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Debra L. Mitchell, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Debra L. Mitchell  
Signature

10 Dec 03  
Date

LPN II  
Position

Cermak  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Patricia Moore, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Patricia Moore  
Signature

12/10/03  
Date

CNI  
Position

Cermak  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Felicia Ogburn, am a current/~~former~~ (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Felicia Ogburn  
Signature

11/25/03  
Date

RA (CNR)  
Position

Provident Hospital of Cook County  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) NIEVA M. PAVES, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Nieva M. Paves  
Signature

8/20/03  
Date

Clinical Nurse I  
Position

Santitas Clinic  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Sharon Patterson, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sharon Patterson

Signature

3-1-04

Date

LPN II

Position

ACHN  
John Sengstacke Clinic / President

Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Carolyn Phillips, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Carolyn Phillips  
Signature

2/11/04  
Date

Nurse LPN II  
Position

Provident Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) BENCHAPORN SAMIPREM, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Benchaporn Samiprem.  
Signature

03/15/04  
Date

C.N.I.  
Position

PROVIDENT HOSPITAL OF COOK COUNTY,  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) PHONGSUDA SANAKIJ am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Phongsuda Sanakij  
Signature

3-2-04  
Date

CN II  
Position

Provident Hospital of C. C.  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Cecilia Torres, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Cecilia Torres  
Signature

3/3/04  
Date

CNI  
Position

CERMAK HLTH SERVICES  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) JESTINE M. TURNBOUGH, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Jestine M. Turnbough  
Signature

4-17-04  
Date

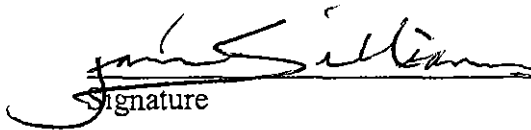
LPN II  
Position

CHS  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) JANISE WILLIAMS, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

2-3-04  
Date

RN - CNI  
Position

ACHN - SENGSTACKE  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) DIANE WILLIAMS, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Diane Williams  
Signature

11/26/03  
Date

LPN 2  
Position

Provident Hospital of Cook County  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Linda J. Brown, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Linda Brown  
Signature

12-10-03  
Date

RN  
Position

Cermak Health Services  
Hospital/Clinic Name

06/10/2004 10:31 7088490559  
2004 11:01

DOLTON CE

PAGE 04

Lorraine Chatman

CONSENT FORM

I, (printed name) Lorraine Chatman, am a current former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Lorraine Chatman  
Signature

3/5/04  
Date

CNT  
Position

Cermak  
Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Dorothy Chellis, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Dorothy Chellis  
Signature

12/10/03  
Date

CN7 RN  
Position

Cedra  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) H. Ann Draper, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

H. Ann Draper  
Signature

11/12/03  
Date

CN I  
Position

Cermak Health Services  
Hospital/Clinic Name

MAR-02-2004 13:27

CONSENT FORM

I, (printed name) Sheila Gay, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sheila Gay  
Signature

March 02, 2004  
Date

C.N.E.  
Position

Cermak  
Hospital/Clinic Name

44890

TOTAL P.08

**CONSENT FORM**

I, (printed name) Janis Hill, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Signature

Janis Hill

Date

12/16/03

Position

CNT

Hospital/Clinic Name

Cermak Health Services



**CONSENT FORM**

I, (printed name) Cherice A. Moore, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Cherice A. Moore  
Signature

2-22-04  
Date

CNI  
Position

Cherice A. Moore Service of Cook County  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Maxie Thomas Nwan, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Maxie Thomas Nwan  
Signature

12/10/03  
Date

Registered Nurse  
Position

Cermak Health Center  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Ada Ogali, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Ada Ogali  
Signature

3/2/04  
Date

Civil  
Position

Cermak  
Hospital/Clinic Name

44890

TOTAL P.08

**CONSENT FORM**

I, (printed name) Timothy Patterson am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Timothy Patterson  
Signature

12/10/03  
Date

CNI  
Position

Cermak Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) KATHERINE D. PEARSON am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Katherine D Pearson  
Signature

12-10-03  
Date

BA - CNI  
Position

Cornak  
Hospital/Clinic Name

**CONSENT FORM**

I, (*printed name*) Clarice Plott, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Clarice Plott  
Signature

11-12-03  
Date

CNT  
Position

Cermak Health Service  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Sharon Schulz Jantolat, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sharon H Schulz Jantolat  
Signature

12/10/03  
Date

CNI  
Position

Cermak - DIV 3  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Bertha Smith, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Bertha Smith  
Signature

Dec 10, 2003  
Date

RN / CNF  
Position

Cermak Health Services  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Ruby Willis, am a current former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Ruby Willis  
Signature

12-10-03  
Date

RN (CNI)  
Position

CERMAK  
Hospital/Clinic Name

**CONSENT FORM**

I, (*printed name*) Leona Cunningham, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Leona Cunningham  
Signature

8-21-03  
Date

CNS I  
Position

John Stroger Jr. Hosp. / Fantus Ambulatory Service  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Belen Florante, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Belen Florante  
Signature

8-20-03  
Date

CNS  
Position

Santus Clinic  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Joyce M. Harris am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Joyce M. Harris  
Signature

8/20/03  
Date

RN  
Position

ASC (FANT45)  
Hospital/Clinic Name

**CONSENT FORM**

I, (*printed name*) MATHA JANTHAPAIBOONKATON, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Matha Jantapabun  
Signature

8/20/03  
Date

CNF  
Position

FANTUS / A/C  
Hospital/Clinic Name

**CONSENT FORM**

I, (*printed name*) VIVIAN JANTHAPA BOONKASON, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Vivian Janthapaboonkason  
Signature

3/1/04  
Date

CN1  
Position

Ambulatory Screening Clinic - Fantus  
Hospital/Clinic Name Clinic

**CONSENT FORM**

I, (printed name) Marie Krieger, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Marie Krieger  
Signature

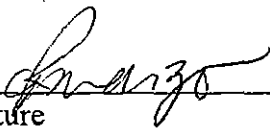
8-19-03  
Date

C.N.T.  
Position

Fantus last 5 years also  
Hospital/Clinic Name  
at hosp. total  
27 years

**CONSENT FORM**

I, (printed name) ROSITA G. MARZO, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

8-20-03  
Date

CNI  
Position

FANTUS CLINIC - ASC  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Sylvia L. Thompson, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sylvia L. Thompson  
Signature

8-20-03  
Date

CNI - RN  
Position

STROED-FANTUS - GI-ENT Pulmonary  
Hospital/Clinic Name MINOR SURG

**CONSENT FORM**

I, (printed name) Sheila Vernon, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sheila Vernon  
Signature

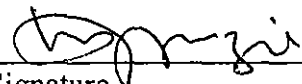
8/22/03  
Date

CNI  
Position

Fantus  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) MARIA AJUZIG, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

2/22/04  
Date

RM  
Position

PROVIDENT  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) PATIENCE ALILIONWA, (am a current) former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Patience Alilionwa  
Signature

2/29/04  
Date

Clinical Nurse I  
Position

Provident Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) CAROLYN C. DONLEY, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Carolyn C. Donley  
Signature

11-23-03  
Date

CNI  
Position

Provident Hosp.  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Darlene Faniel, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Darlene Faniel  
Signature

2/20/04  
Date

Registered Nurse  
Position

PROVIDENT HOSP  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Verlene Grant, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Verlene Grant  
Signature

10-28-03  
Date

CNI  
Position

Provident Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Sybil Howell, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sybil Howell  
Signature

10/28/03  
Date

CNT  
Position

President Hosp of Cook  
Hospital/Clinic Name Cook



**CONSENT FORM**

I, (printed name) ELIZABETH N. IBEKWE, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Embelank  
Signature

11/25/03  
Date

Rn  
Position

Provident Hospital  
Hospital/Clinic Name  
of Cook County

**CONSENT FORM**

I, (printed name) Myra A. Jeffries, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Myra A. Jeffries  
Signature

10/28/03  
Date

CN-1  
Position

Provident Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) NADINE JOHNSON, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Signature

Position

Date

Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Sally A. Johnson am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

11/25/03  
Date

CNI  
Position

Prudent of Cook County  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Onara R McLeod, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Onara R McLeod  
Signature

11/30/03  
Date

RM  
Position

Provident Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) CHARITY NWARY, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Charity Nwary  
Signature

02/25/04  
Date

CNI  
Position

PROVIDENT HOSPITAL of Cook  
Hospital/Clinic Name County

**CONSENT FORM**

I, (printed name) Alice Ogbonna, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Alice O  
Signature


RN  
Position

11/20/03  
Date

Provident hospital  
Hospital/Clinic Name of Cook  
County

**CONSENT FORM**

I, (*printed name*) KANDA PHANGPRASERT, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

12/6/03  
Date

RN. CNI  
Position

Provident Hosp.  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Debra Turner, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Debra Turner  
Signature

10/28/03  
Date

CNT  
Position

Provident Hosp  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Sametta J. Athalone, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zuleh, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sametta Athalone  
Signature

3/2/04  
Date

CN I / RN  
Position

Provident / Sengstacke Clinic  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Chara Watkins, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Chara Watkins  
Signature

8/20/03  
Date

Registered Nurse CR1  
Position

Cook County Westside Clinic  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) IMELDA CUBERO, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Imelda M. Cubero  
Signature

08-20-03  
Date

HEAD NURSE CN2  
Position

PANTUS FAMILY PRACTICE  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Evelyn O. Francia, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Evelyn O Francia  
Signature

08/20/03  
Date

Clinical nurse II  
Position

Fantus-ASC  
Hospital/Clinic Name

Ambulatory Screening  
Clinic

**CONSENT FORM**

I, (printed name) Tricia Mosley, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Tricia Mosley  
Signature

8-22-03  
Date

CNT II  
Position

JH Stroger Jr Hosp / SCC  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Toni Carrington, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Toni M. Carrington  
Signature

1/28/04  
Date

CN II EW  
Position

Provident  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Angela Hreams, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

AS Hreams  
Signature

2/20/04  
Date

CN II  
Position

Provident Hospital Cook County  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Sherry Tyler am a current ~~former~~ (circle one)  
employee of Cook County. I believe my employer has violated the Fair Labor Standards Act  
regarding overtime pay. I wish to be included as a party in the pay claims being asserted by  
current and former Cook County employees against Cook County. I hereby give consent to my  
attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring  
suit against Cook County on my behalf under the Fair Labor Standards Act.

Sherry Tyler  
Signature

2-21-04  
Date

CNT  
Position

Providence CCH  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Linda Walker-Morris, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Linda Walker-Morris  
Signature

12/10/03  
Date

LPN  
Position

CERMAK DIV 3 73  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Barbara J. Johnson, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Barbara J. Johnson  
Signature

8/20/03  
Date

LPN II  
Position

Fountain Clinic HMC  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) BROWN, Delores, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Delores B.  
Signature

Dec 10, 2003  
Date

LPN II  
Position

Cermak Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) BESSIE M. BROWN-SIMS, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Bessie M. Brown-Sims  
Signature

12/10/03  
Date

LPN II  
Position

Cermak  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) ROBERTA BURTON, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Roberta Burton  
Signature

11/12/03  
Date

L.P.N 2  
Position

CERMAK HEALTH SERVICE  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Theresa Clay, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Theresa Clay.  
Signature

11/12/03  
Date

Lpn II  
Position

Carmichael Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Denise Olenna, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Denise Olenna  
Signature

12.10.03  
Date


LPN II  
Position

Carmak Health Services  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Angelina Echegon, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

12/10/03  
Date

LPN II  
Position

Cermak Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Sarah Godboff, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sarah Godboff  
Signature

11-12-03  
Date

LPN II  
Position

Cermak Health Serv.  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Paralee Holmes, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Paralee Holmes  
Signature

12/10/03  
Date

LPN II  
Position

Armed Health Services of  
Hospital/Clinic Name  
Cook County

**CONSENT FORM**

I, (printed name) Jacqueline Jack, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Jacqueline Jack  
Signature

12-15-03  
Date

LPN  
Position

Cermack Hosp  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Cornelia Lisa Maylor am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Cornelia Lisa Maylor  
Signature

12/10/03  
Date

LPN II  
Position

Carmak Health Service  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) ROSE MCBRIDE, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Rose McBride  
Signature

11-12-03  
Date

LPN II  
Position

CERMAK HEALTH SERVICE  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Diana Morrison, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Diana Morrison  
Signature

LPN II  
Position

11-12-03  
Date  
Cermak Health Services  
8Rup. 7-3<sup>30</sup>  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) MATTIE MOSS, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Mattie Moss  
Signature

11/12/03  
Date

LPN II  
Position

Cermak Health Service  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Dorothy J. Nichols, am a current former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Dorothy J. Nichols  
Signature

11 DEC 2003  
Date

LPN 2  
Position

COOK County Jail  
Cermak Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) DORRIS SANDERS, am a current former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Dorris Sanders  
Signature

12/11/03  
Date

LPN II  
Position

CERMAK HADT SERVICE  
Hospital/Clinic Name

CONSENT FORM

I, (printed name) MARY E. SMITH, am a current former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Mary E. Smith LPN II  
Signature

LPN II  
Position

03-04-2004  
Date

CERMAK HEALTH SERVICES  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Barbara Tate, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Barbara Tate  
Signature

12-10-03  
Date

Lp #  
Position

Cormak Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Essie Verse, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Essie Verse  
Signature

Dec 10, 2003  
Date

LPN  
Position

Cermak  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) KATHLEEN WATSON, am a current former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Kathleen Watson  
Signature

LPN II  
Position

2/23/04  
Date

GERMAN (COOK COUNTY JAIL)  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Roseetta Craig, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Roseetta Craig  
Signature

8-20-03  
Date

JRN  
Position

ER - Fantasy  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Lilly Mae Johnson, am a current former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Lilly Mae Johnson  
Signature

8-20-03  
Date

LPN II  
Position

Fantus Clinic  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Nora Mitchell, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Nora Mitchell  
Signature

Aug 20, 2003  
Date

LPN 2  
Position

IHSCC  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Jenise Oliver-Jones, am a current ~~former~~ (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Jenise Oliver-Jones  
Signature

CPN II  
Position

8/20/03  
Date

Fantas / R.H.S  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Debbie M Reed, am a current former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Debbie M Reed  
Signature

8/20/03  
Date

LPN II  
Position

Cermak/Fantas  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Lorene Helton, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Lorene Helton  
Signature

LPN II  
Position

2-20-04  
Date

Provident / John Sengstake  
Hospital/Clinic Name  
ambulatory

**CONSENT FORM**

I, (printed name) Jeton Lewis, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Jeton Lewis  
Signature

LPN II  
Position

2/24/03  
Date

Provident Hospital of  
Hospital/Clinic Name Cook County

**CONSENT FORM**

I, (printed name) Sabrina Nalls, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Sabrina C Nalls  
Signature

November 22, 2003  
Date

LPN II  
Position

Provident Hosp. of Cook County  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Vickie L. NEYLON, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Vickie L. Neylon  
Signature

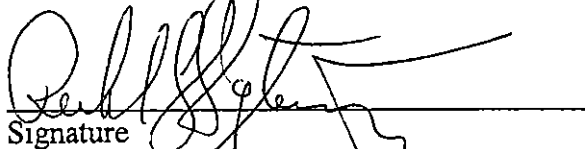
12-9-03  
Date

L. P. N  
Position

Provident Hosp.  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Richard Wojtanowicz, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

  
Signature

CN 2  
Position

4/6/04  
Date

CCH / Stroger Neuro ICU  
Hospital/Clinic Name



**CONSENT FORM**

I, (printed name) Mammie Cartledge, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Mammie J. Cartledge  
Signature

12-10-03  
Date

LPN  
Position

Cermak Medical Center  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) LINDA M. Houston-Menton, am a current/former (circle one) employee of Cook County. I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, eighty hours in a 2-week period, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Linda M. Houston-Menton  
Signature

12/10/03  
Date

L.P.N. II  
Position

Cermak Health Services  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) MARGRET POOTHAKARY, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Signature Margret Poothakary

4-28-04  
Date

CNI  
Position

OAK FOREST HOSPITAL  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Rosie Heady, am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Rosie L. Heady  
Signature

5-16-04  
Date

Clinical Nurse II  
Position

Oak Forest Hospital  
Hospital/Clinic Name

**CONSENT FORM**

I, (printed name) Wayne W. Rockmore Jr., am a current/former (circle one) employee of Cook County. I believe my employer has violated the Fair Labor Standards Act regarding overtime pay. I wish to be included as a party in the pay claims being asserted by current and former Cook County employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act.

Signature

Position

Date

Hospital/Clinic Name

# CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## I. (a) PLAINTIFFS

**Belbis, et al on behalf of themselves  
 and all other Plaintiffs similarly situated,  
 known and unknown**

(b) County of Residence of First Listed Plaintiff COOK  
 (EXCEPT IN U.S. PLAINTIFF CASES)

**DEFENDANTS**  
**County of Cook**

County of Residence of First Listed  
 (IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE  
 LAND IN THE

**DOCKETED**  
**JUN 14 2004**  
**COOK**

(c) Attorney's (Firm Name, Address, and Telephone Number)  
**BILLHORN LAW FIRM**  
**515 N. State Street, Suite 2200**  
**Chicago, IL 60610 (312) 464-1450**

Attorneys (If Known)  
**UNKNOWN**

**JUDGE FILIP**  
**04C 3940**

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff  
☐ 2 U.S. Government Defendant  
☒ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for and One Box for Defendant)

- Citizen of This State ☐ 1 ☐ 1 DEF  
 Citizen of Another State ☐ 2 ☐ 2 DEF  
 Citizen or Subject of a Foreign Country ☐ 3 ☐ 3 DEF  
 Incorporated or Principal Place of Business In This State ☐ 4 ☐ 4 DEF  
 Incorporated and Principal of Business In Another State ☐ 5 ☐ 5 DEF  
 Foreign Nation ☐ 6 ☐ 6 DEF

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury—Med. Malpractice <input type="checkbox"/> 365 Personal Injury—Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 Habeas Corpus: General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>SOCIAL SECURITY</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 <b>FEDERAL TAX SUITS</b>
<b>OTHER STATUTES</b> <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination <input type="checkbox"/> Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 890 Other Statutory Actions				

## V. ORIGIN (PLACE AN "X" IN ONE BOX ONLY)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from another district (specify)  
☐ 6 Multidistrict Litigation  
☐ 7 Appeal to District Judge from Magistrate Judgment

## VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write brief statement of cause. Do not cite jurisdictional statutes unless diversity.)

Cause is brought pursuant to the Fair Labor Standards Act, 29 USC Section 210 et. seq. Failure to pay overtime.

## VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION DEMAND UNDER F.R.C.P. 23

CHECK YES only if demanded in complaint:  
**JURY DEMAND:** ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

JUDGE Darrah

DOCKET NUMBER 01 CV 6119

DATE June 10, 2004 SIGNATURE OF ATTORNEY OF RECORD [Signature]

FOR OFFICE USE ONLY

RECEIPT# \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

1-2

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**

In the Matter of

EASTERN DIVISION

Maria Belbis, et al, on behalf of themselves and all other  
Plaintiffs similarly situated, known and unknown

v.

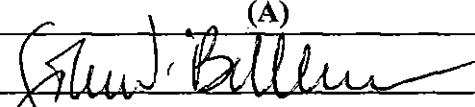
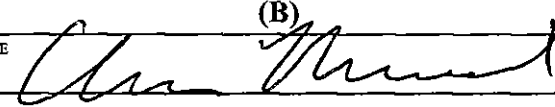
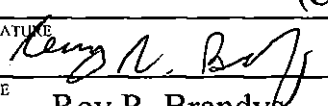
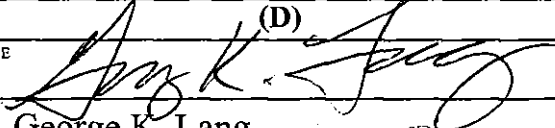
County of Cook

**JUDGE FILIP**

Case Number:

**04C 3940****DOCKETED****JUN 14 2004**

APPEARANCES ARE HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY(S) FOR  
Plaintiffs **MAJESTATE JUDGE ASHMAN**

<b>(A)</b>		<b>(B)</b>	
SIGNATURE 		SIGNATURE 	
NAME John W. Billhorn		NAME Christopher N. Mammel	
FIRM Billhorn Law Firm		FIRM Childress & Zdeb, Ltd.	
STREET ADDRESS 515 N. State Street, Ste. 2200		STREET ADDRESS 515 N. State Street, Ste. 2200	
CITY/STATE/ZIP Chicago, IL 60610		CITY/STATE/ZIP Chicago, IL 60610	
TELEPHONE NUMBER 312-464-1450	FAX NUMBER 312-464-1459	TELEPHONE NUMBER 312-494-0200	FAX NUMBER 312-494-0200
E-MAIL ADDRESS jbillhorn@billhornlaw.com		E-MAIL ADDRESS cmammel@childresszdeb.com	
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6196946		IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6278922	
MEMBER OF TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MEMBER OF TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>(C)</b>		<b>(D)</b>	
SIGNATURE 		SIGNATURE 	
NAME Roy R. Brandys		NAME George K. Lang	
FIRM Childress & Zdeb, Ltd.		FIRM Childress & Zdeb, Ltd.	
STREET ADDRESS 515 N. State Street, Ste. 2200		STREET ADDRESS 515 N. State Street, Ste. 2200	
CITY/STATE/ZIP Chicago, IL 60610		CITY/STATE/ZIP Chicago, IL 60610	
TELEPHONE NUMBER 312-494-0200	FAX NUMBER 312-494-0202	TELEPHONE NUMBER 312-494-0200	FAX NUMBER 312-494-0202
E-MAIL ADDRESS rbrandys@childresszdeb.com		E-MAIL ADDRESS glang@childresszdeb.com	
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6278922		IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6211537	
MEMBER OF TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MEMBER OF TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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